

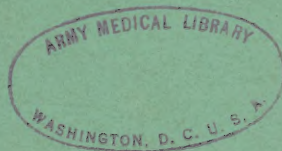
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also

A HEALTH EDUCATION SYMPOSIUM

DEPARTMENT OF HEALTH
CITY OF NEW YORK

(Being a series of papers given at
the 70th annual meeting of the
American Public Health Association
in the Health Education Institute
at Atlantic City, New Jersey,
October 11 and 12, 1941.)

New York (City) Dept. of Health
District Health Education Demonstration
October, 1941



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F O R E W O R D

Almost a year ago the Demonstration invited the health officers of New York City's thirty health districts to join in exploring together the materials and methods which were being used to educate the city's 7,000,000 to ways of health. Encouraged by the Director of the Bureau of District Health Administration, Dr. Margaret W. Barnard, the cooperative venture took the form of committee work.

Five committees were formed, each of which concentrated its efforts on one of the following activities: editing a monograph series, defining the relationship between the health officer and the schools, evaluating types of meetings, evaluating visual aids and exhibits, and appraising the literature that the department used in its work.

The reports on progress made by these committees constitute the major part of this symposium. Two other reports have been included, however, because of their intrinsic value to health education. One is an account of how the Mothers Health Organization in the Lower East Side came into existence. The other describes an educational venture in tuberculosis prevention carried out by a health officer and the faculty of one of the city's largest high schools.

The Demonstration, sponsored by the New York Foundation and the Hoffheimer Foundation, appreciates the collaborative effort which the district health officers have given. If our health education work in the city continues to establish sounder foundations because of it, the credit belongs to them.

Dorothy B. Nyswander

Dorothy B. Nyswander, Director
District Health Education Demonstration

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A Health Department's Appraisal of Its Educational Materials and Methods

Presiding:

Margaret Witter Barnard, M.D.,
Consultant in Local Administration,
Department of Health, City of New York.

The Eighth Institute on Public Health Education
American Public Health Association Meeting
Atlantic City - October 1941.

Health education is an ever increasingly important part of a health officer's program. Fundamentally, probably 90 per cent of our public health work becomes effective only as the people themselves take action. How to get people to take action - to avail themselves of services, to put into effective use the preventive measures we now know, to think in broad terms of health for themselves, their families and their communities - is the responsibility of health education. During the past few months defense has emphasized anew the importance of health for the entire population and has deepened our sense of responsibility in this field.

It is a time when official agencies must give serious attention to developing leadership in their communities in health education. During the past year, we in New York City have begun to analyze our own program. To do this, the district health officers upon whom falls the responsibility for leadership in their districts, have worked in groups or committees on various phases of the health education program. We are presenting to you today, some of the results of the "thinking through" which has been done by these health officers committees.

Health officers too often have regarded health education as something to be carried out by a subordinate member of the staff - giving out literature or organizing meetings on a rather routine level. We believe that it is the health officer himself who should be the leader of the program, decide its basic content and emphasis and relate these to the action which he as health officer believes to be most needed at a given time.

The health officer must learn to think in terms of cost. We spend three hours in preparing a speech, two hours or more in travel time, and two hours at the meeting itself. Perhaps a staff member assists by showing films or slides involving staff time and transportation. Must we not question critically what the health department gets out of that expensive procedure? Did we really accomplish anything for the community or was it a polite gesture? For what kind of audience is so much expenditure worthwhile? This is the kind of questioning we have been doing. We have tried to train ourselves to be analytical - we may appear today very critical. We believe it has been good for us to be critical of ourselves.

In New York City we have at present three main divisions of our health education organization. At the top is the Bureau of Health Education, under the leadership of its director, Dr. Bolduan, responsible for the policies and the city wide program. Out in the firing line in each district, comparable to a middle size city, is the health officer who must put these policies into the type of program which will work with his special community and fit the needs of his particular program. And as a source of advice and guidance in the development of new

philosophies and techniques, we have a special District Health Education Demonstration financed by outside funds with Dr. Nyswander as director. Today we present to you representatives of these three main divisions, who in turn will share with you some of our thinking not only on the troubles and the headaches, but also the possibilities of health education for a community from the viewpoint of an official agency.

I. DISTRICT HEALTH OFFICER COMMITTEE REPORTS

A. Evaluation of Pamphlets

The first committee reporting is that on the evaluation of literature. Today there is available to every health officer a ready supply of health education literature - bewildering in its very amount. Local health departments, State and Federal offices, insurance companies and voluntary health organizations, all contribute to the supply. After these pamphlets are neatly stacked on the shelves of our supply cupboards, what happens? Why does the supply of one always run short while another one stays on the shelves undisturbed for long periods of time? Do we know the content of each one and the purpose it would best serve? Are we using these aids to the best advantage? Reports of "literature distributed" mean little - 100 pieces of this, 25 copies of that, 200 copies of another. So the health officer committee addressed itself to the task of evaluating literature available to them - to setting our literature house in order with definite recommendations - republish as is - revise - destroy.

Because of the close tie-up of the recommendations of this committee with Department administrative matters, Deputy Commissioner George T. Palmer was asked to give guidance as chairman of this group.

The health officers participating were:

Dr. Michael Antoll - Richmond Health District
Staten Island

Dr. Eugene O. Chimene- Corona Health District
Queens

Dr. Franklin M. Foote- Kips Bay - Yorkville Health District
Manhattan

Dr. James F. Morrison- Fort Greene Health District
Brooklyn

Dr. Leopold Rohr - Brownsville Health District
Brooklyn

Mr. S. S. Lifson, Sec'y. - Staff Assistant, District Health
Education Demonstration

Dr. Eugene Chimene of the Corona Health District will report for this committee.

The Report of the Committee on
Evaluation of Pamphlets

Eugene O. Chimene, M. D.
District Health Officer
Corona Health District

Here is a letter which was received recently:

"Board of Health
City of New York

Dear Sirs:

Please send me all the information you have on raising children.

Very truly yours,

"

No doubt you as health educators have received numerous such requests asking for information on all varieties of health subjects. Obviously, we have here a large order, in fact one impossible to fill without knowing more about the specific needs of the writer. Upon first thought, one might be tempted to send a carefully selected bibliography of good books and recent scientific journal articles on the general subject, but this idea is discarded upon the realization that the necessary library facilities would not be available.

Your shelves perhaps groan with the stacks of literature you have collected from a wide variety of sources on a diversity of health topics, yet a nice discrimination must be made if your selection is to fit

the needs of the particular request. Some of the material you have is old, perhaps even a little shelf-worn, some contain statements that are not scientifically accurate; some are excellent but written exclusively in polysyllables meaningless to the average laymen; others suggest procedures contrary to the policy of your organization; still another would be just the thing were it not printed in such minute type that you fear that its perusal would not only endanger the reader's eyesight but also produce such mental fatigue after the first few pages that the reader's interest would be lost. And so you go on through your stock trying to find just the bit of information which will meet the needs of a particular individual in a particular situation, for you know from long experience the great significance the average layman attaches to the printed word, and you do seek through the use of your pamphlets to reinforce the teaching done by word-of-mouth day after day by all the staff members of your organization.

With such considerations as these in mind, the Department of Health of the City of New York has been critically reviewing its stock of pamphlets available for public distribution. Working under the chairmanship and guidance of Dr. George T. Palmer, Deputy Commissioner, a committee of district health officers in close cooperation with the District Health Education Demonstration, has undertaken this task.

As a preliminary step, the secretary of the committee collected about two hundred different pamphlets currently being distributed by health officers, nurses, health education assistants, and other personnel

in the various districts. Some of this material had been prepared by the department itself; a large portion had been supplied to the department through welfare divisions of insurance companies; many of the highly specialized commercial publications had been donated by food associations, dairy councils and similar organizations. It was felt by the committee that regardless of the source, any pamphlet used by the department should be appraised as to its merits and usefulness.

Certain critical standards were formulated and adopted by the group, and in accordance with these standards each member of the committee wrote his frank appraisal of each pamphlet, indicating whether in his opinion that particular piece of educational material should be continued, revised or discontinued, and at the same time substantiating his decision by details as to scientific accuracy, style, format and suitability for the specific groups to be reached. At frequent intervals committee meetings were held, appraisals discussed, summarized, and joint recommendations formulated. Never for a moment presume that all of the appraisals were in agreement, for in many instances individual opinions were stoutly defended, and as a consequence many of the final joint recommendations represent this divided opinion. For example, on a nutrition pamphlet some members felt that the content was too brief and did not tell its message convincingly. The committee, however, finally agreed that since the idea of the leaflet was good, it should be available from headquarters upon request. Only in this way could the recommendations represent the work of the committee as a whole.

As the review of each group of pamphlets was completed, a copy of the committee's recommendations was sent to each health officer with the request that he review them and note any disagreement he might wish to bring to the attention of the committee. He was also asked to discuss these recommendations with his nursing personnel so that he might submit their comments along with his own.

Then, at a subsequent meeting, the committee was able to review the recommendations in the light of the comments made by the health officers, and to forward these revised recommendations to the bureau director most concerned with the subject covered by that group of pamphlets. Upon receipt of the bureau directors' comments, the committee was then in a position to send specific recommendations to the Bureau of Health Education advising that certain pamphlets be continued, discontinued or revised.

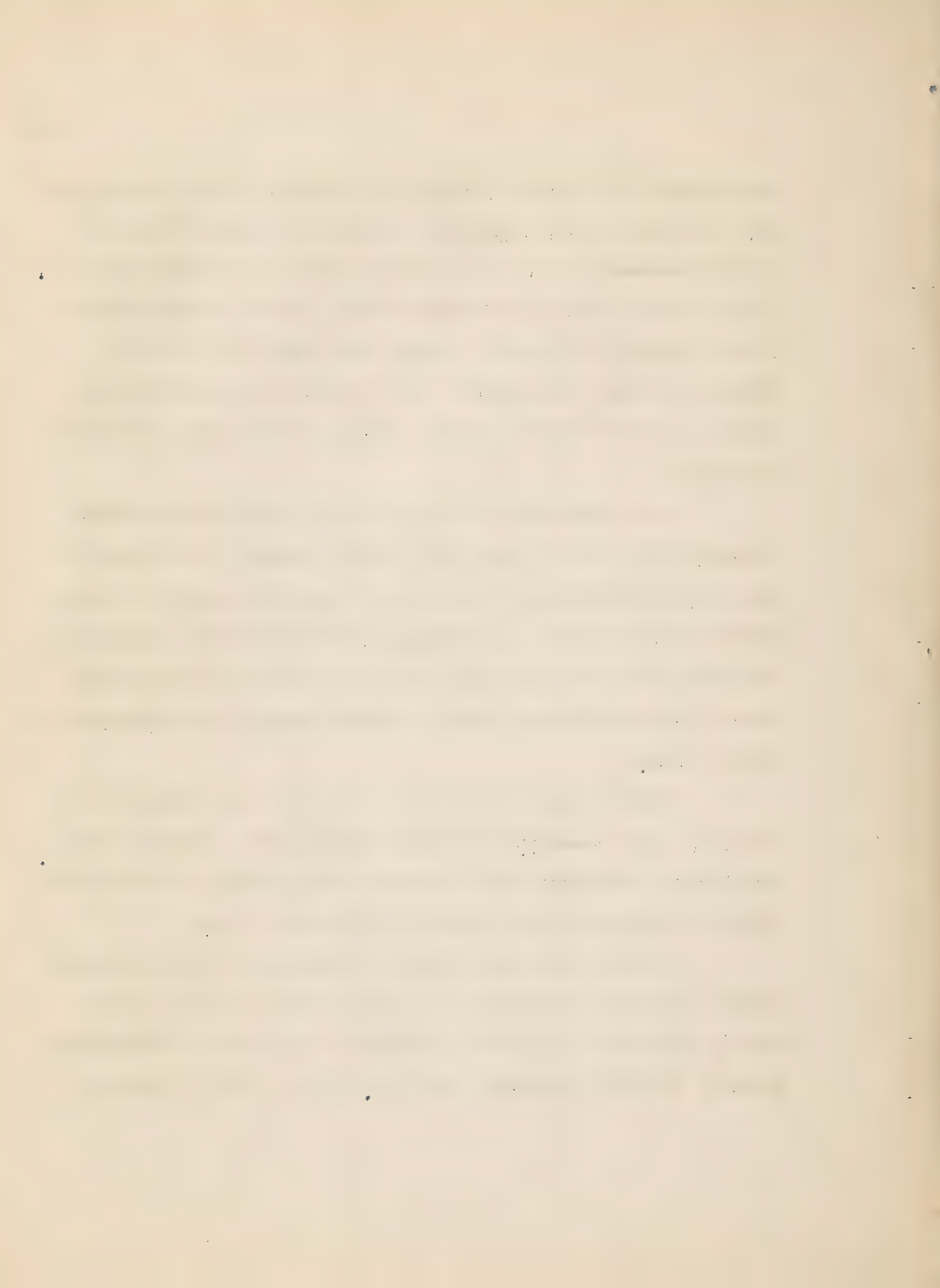
Not only did the committee include in its recommendations statements as to the scientific accuracy and form of the pamphlet, but careful consideration was given to the audience the pamphlet was intended to reach. Some of the material was found more suitable for distribution through the offices of private physicians in the district; some would serve their purpose best if distributed through local automobile dealers; others would reach their best audience through drug stores, food establishments and other local commercial outlets; many attain their most effective appeal when handed directly to the person interested at that moment in the specific topic dealt with in the pamphlet, for here is the ideal opportunity for workers in child health stations, in schools, in

chest clinics and in other services, to effectively utilize printed material. For example, after considering a pamphlet on appendicitis, the committee recommended that it be continued, with the suggestion that it be given only to specially interested groups, and that it should not be stocked regularly in the health centers, but ordered by the health officer as needed. The committee also felt that this pamphlet was more suitable for distribution by private physicians rather than by the Health Department.

Three pamphlets on safe driving were recommended for direct distribution by owners of large truck fleets, garages, gas stations, or police precinct stations who could secure a sufficient supply from their district health officer. He, in turn, would not stock these pamphlets in the health center but would make known their availability to the proper outlets in his district and secure an adequate supply from headquarters as the need arose.

Certain pamphlets apparently are useful source material for elementary school teachers, and in such instances, the committee recommended this material not only be brought to the attention of the teachers, but that we learn from them just what use they make of it.

A pamphlet on common colds was recommended to be discontinued because it included a discussion of too many different diseases, which made the pamphlet too long and not adapted for discriminate distribution. Moreover, other more attractive pamphlets on this topic are available.



Certain food pamphlets were found objectionable because they stressed disproportionately the product of the producer. Other pamphlets of comparable merit not used as advertising media are available.

Although the entire job has not been completed, one hundred three (103) pamphlets have already been appraised by the committee. Of this group, one-fourth were published by the Health Department; half of them were supplied to the Department by six insurance companies, and the remaining one-fourth came from eleven commercial organizations.

Upon analyzing our recommendations we note that about three out of four pamphlets are to be continued. Of these, about one-third are suitable for general distribution and about one-fourth should be given to individuals desiring information on a definite subject. Revision is needed for about every seventh pamphlet, although the committee was willing to utilize, meanwhile, the present stocks on hand. A small group, comprising only three per cent of those recommended pamphlets, should reach the public through the office of the private physician rather than come directly from the Department of Health.

From the standpoint of usefulness and suitability, the rating of pamphlets produced by the insurance companies and the Department of Health were equal, and somewhat exceeded in this respect those issued by the miscellaneous group of commercial organizations. However, the need for revision was found to be ten times as great for the Health Department pamphlets as compared with those supplied by outside agencies.

On the other hand, about a third of the pamphlets produced by these outside agencies were not suited for general distribution, which greatly limits the quantity the Health Department is able to distribute. The work of the committee emphasizes the need for discriminate requesting of these special pamphlets based on the use for which they are designed.

For one reason or another, about every fifth pamphlet appraised was recommended for discontinuance by the committee. Fifteen per cent of the Health Department productions, twenty-three per cent of the insurance companies' pamphlets and twenty-five percent of those supplied by the miscellaneous commercial firms were in this category.

You may well ask what use the Department of Health intends to make of this critical review and resulting recommendations. In the first place, it will clear the shelves of those pamphlets which definitely should not be distributed. It is so easy to avoid the trouble of cleaning house and let matters continue as they are. It will also serve as a basis for a manual which will be prepared for the health officers, detailing the merits and limitation of such printed materials available to the Department. This will facilitate a more effective selection of material to meet specific needs of individuals and groups whom the health officer is endeavoring to reach with his health education program; it will obviate much waste of supplies; by selecting the best available literature it will make for better teaching; it will enable the field staff to become familiar with all of its pamphlet resources.

Through this critical analysis we now know not only what we have, but also what we lack, for after the recommendations were summarized it was quite evident that for certain phases of public health promotion there are no satisfactory pamphlets available to the Health Department at the present time.

The Department staff itself must produce suitable teaching material with which to tell both the lay and professional public about the work of the various health centers in order to stimulate active participation of all citizens in the program for community health conservation, and to emphasize to all the people how they may best utilize the many and varied opportunities offered by the Department for their health protection and guidance.

It is further hoped that the recommendations and comments of the committee will be of assistance to outside agencies, so that in the future preparation or revision of their own health education material they may, if they so desire, have the benefit of the group thinking of the health officers, nurses and others actually using this material in the field.

On behalf of our committee, I present this report to you as an illustration of democratic planning within an agency. While the committee realizes that an appraisal such as it has made is vastly more time consuming than would be an executive order covering the same field, the intangible values arising from participation in such departmental planning by the administrative and field staff more than compensate for the time gain that might be secured by any other course of action.

As you well know, most committees tend to perpetuate themselves, and this one is no exception. We feel that the work is of such evident value that the Department should maintain a permanent committee so that future new printed materials might be submitted to the same careful group scrutiny which we have given to the pamphlets we now are using.

B. Exhibits and Visual Aids

Perhaps it was the competition of the World's Fair with its beautiful professional and commercial exhibits that made us in the health field become suddenly aware of the possibilities which exhibits and visual aids offered in our problem of merchandizing health. When a group of health officers sat down to consider what kinds of visual aids they really wanted and what kinds were possible, a bewildering number of avenues of thought presented themselves. There was never any lack of material for discussion in that group. The committee still considers this problem as "unfinished business" but it can present today some of its conclusions.

The group consisted of:

Dr. Frank A. Calderone	- Lower East Side Health District Manhattan
Dr. Jacob Landes	- Williamsburg Health District Brooklyn
Dr. John B. West	- Central Harlem Health District Manhattan
Dr. Joseph Weinstein	- Westchester Health District Bronx
Mr. S. S. Lifson, Sec'y.	- Staff Assistant, District Health Education Demonstration.

The Report of the Committee on
Exhibits and Visual Aids

John B. West, M. D.
Medical Director, Provident Hospital, Chicago
Formerly District Health Officer
Central Harlem Health District

In tackling this problem of visual aids and exhibits, it seemed to the committee that the health officer needs such aids for two main purposes. One type of visual aid material must be suited to catch the attention of the person who has some other main objective at the moment and to whom a special health subject is then of secondary importance. The man hurrying along the street to an appointment takes time to glance only casually at displays in windows - but if a display is striking his attention will focus on it and he carries away the idea. If it is really of interest or different in some way, even the busy passerby will linger a moment for closer inspection. If an interesting exhibit is located in some place where this person must wait a bit, he will probably be glad to spend some time in studying it more closely.

One such short impact is not enough to produce much understanding or long memory. But if we can keep on hitting, a lasting dent will be made. Posters and exhibits seem to be the best for this purpose.

The second place where a health officer can effectively utilize visual aids is in connection with a meeting - to liven up a lecture, illustrate certain points to make them more clear, and supplement the content of the spoken word. Here it is that devices prove useful, such as illustrated pamphlets, teaching charts, stereopticon slides, strip films, portable exhibits and movies.

What are some of the guide lines that will help the health officer to choose wisely among the visual aids at his disposal? First of all he must be clear in his own mind as to what he wishes to accomplish. To interest the general public as it passes by, health material must have the wide appeal of general subjects which will strike the attention of Mr. or Mrs. Public because it might happen to them or their families. For a meeting the aids must be more specialized in interest. They must always add to and clarify the content of the main program - never detract or switch the attention of the audience.

Having oriented itself somewhat as to the usefulness of visual aids in general, the committee has explored the possibilities and the problems connected with different types of exhibits and visual aids.

Probably the one most used is the poster. Commercial advertising has made us aware of the necessity of good design, and simplicity, the putting across of one idea only, and the values of utilizing color. But aside from this, the health officer must decide questions about the effective distribution of posters.

Shall he flood the area with many copies of the same poster? Shall he use fewer copies of several posters on the same subject? - or is it better to advertise a variety of health subjects at the same time? Or should the health officer use large general posters? The committee believes that again the answer depends on the objective. To announce a single event - say a meeting - large numbers of the same poster must be used. But these should be low cost - cheap paper, a minimum of art work - for their usefulness is limited to a short time. Posters

advertising a month's campaign must be more durable to last the month. They rate somewhat more elaborate art work. The committee believes that it is more effective to have one good poster designed to focus the attention on the campaign so that over and over again the passerby sees the same picture until it becomes familiar to him. If the design is so arranged that a blank space is left at the bottom, this can be effectively utilized to announce local events connected with the campaign. Then there is the poster which carries an "important general message" - good at any time. To be effective this poster must have more careful design and construction, more expensive art work. The committee believes that such posters should be so constructed that they can be shown over a long time and moved from one location to another. This repeated use would offset the greater cost. In other words, a poster is not just a poster. It is an attention getting device which must be designed to meet a particular purpose and used with discrimination.

It is a short step from the poster carrying a general message to the exhibit. Sometimes a poster design grows into the more permanent form by using raised letters or cut-out figures. These are comparatively inexpensive and durable and attract more interest than the flat poster. Exhibits, perhaps more than any other type of visual aid, call for judgment on the part of the health education administrator. They are costly in their construction and in their use.

After a period of enthusiasm engendered by the beautiful design and workmanship of some of the large exhibits available to them, the health officers' committee has come to the conclusion that the usefulness of those exhibits is so limited that their cost may not be justified. Their very size raises problems of proper space for display and the cost of time, man-power and transportation involved in taking them down and setting them up in new locations and storage space between times. Usually such exhibits are complex so that to be fully appreciated they must be really studied. It is our experience that the busy public rarely stops in the lobby of a public building or passing by a store to really study the display. Only if a big exhibit is located in a place where people will be waiting, will they spend the time really to inspect it. From this point of view the waiting room of a clinic is preferable to the lobby of the health center. However, most waiting rooms are crowded and little space is available for large exhibits.

The health officers find of much greater usefulness the small exhibits that can be easily moved from place to place - that give a new clear punch to a health concept they wish to merchandize. These can be used in a variety of ways at little cost - to give emphasis during a campaign, to form a helpful display at a small meeting on the particular subject, to be studied in a clinic waiting room.

Another point raised by the committee is that it seems to them a mistake in utilizing exhibits in clinics always to confine the subject to the specialty of that clinic. Patients in the tuberculosis clinic are

already getting instruction about their disease. They may even be slightly bored with tuberculosis and turn as a welcome relief to an exhibit on an allied subject - say nutrition. Or mothers in the child health station will be interested in an exhibit on safety in the home.

In their discussions of aids for group meetings, the committee has thought of them in two classes. There are the teaching charts and statistical presentations which seem to us most effectively utilized by a speaker with a group because they need interpretation and teaching of the material for its clear understanding. Few, if any, of the general public are able to get the full significance and implications from just reading a complicated chart. The other group are those aids which will help the speaker to get his message across more effectively.

It is difficult for a speaker, unless he be very experienced, to hold the attention of an audience by a straight lecture. This is especially true of the very mixed audiences which we encounter in health work - of varying levels of interest and education and often with language difficulties. Showing slides, or a related movie at the end of a speech are old techniques. However, the health officers feel a lack of quite the right content in some of these materials which are available. The question of getting together a series of slides taken, for example, from a Health Department child health station in operation, led into a discussion of cost. Good slides can be made but there must be available a projector and operator. This led the committee to explore the usefulness of the smaller projecting units which can be used for small slides or strip films. These can be easily

carried to the meeting by the speaker himself. He can then informally operate the machine as he talks, or the mechanism is so simple that any member of the audience can be asked to run the machine. A number of these could be bought for the same cost as a larger projector, making them widely available. We then experimented with a strip film made in a child health station to accompany a talk on child care. Although the photographs were made by an excellent photographer they turned out to be too obviously "stills". We did not get the sense of action and continuity which we wanted. Also our "canned talk" to go with the film was not too good; the film and the talk never seemed to get together. So we have a hurdle to get over - to become more professional in our technique. We still believe it can be done.

Another device which has interested us is the development of small portable exhibits which can be shown by the speaker as he goes along with his talk. Many speakers do better if they can pick up an object and by some manipulation illustrate a point. It serves also to catch the attention of the audience and relieves the monotony of just listening. Dr. Smillie of Cornell is experimenting with devices of this sort and some are on exhibit at this meeting.

Movies are a problem: perhaps because the health officer - and often the audience - believes the meeting will be a success if there is a movie. The health officer should be very sure of the contents. A movie which repeats in entertaining visual form the lesson of the meeting can add much interest for the whole group. It also clarifies points for

those who are not "ear-minded". But a movie which adds too many new ideas or at some point disagrees with the speaker may only confuse the audience.

The health officers also believe that there is more to the effective use of movies than the stereotyped formula - "The talk will be followed by a movie". Some of us have used it first to lead into the subject of the evening and create interest - ~~and~~ then the wiggly children can go home and the adults settle down for further learning. Sometimes we can break a long meeting by a short movie in the middle - it rests the eyes and ears of the audience.

The health officers' committee wishes to continue with its exploring of visual aids and exhibits. We know that we can learn much from studying professional and commercial material. It will then be fun to exercise our ingenuity in adapting these to our own purposes.

C. Health Education in Cooperation with Schools

To do effective community health education, the health officer must find ways of reaching all his families - to deal only with the patients who sit on our clinic benches is not enough. Those who do not have that contact with Health Department personnel may need educational help and guidance even more. An apparently easy and effective way to reach parents is through their children - Schools would seem to provide easy entrance to the homes. But in practice this is slow and hard to achieve. Why is it so? One group of health officers tried to analyze this in the light of their own experience with schools in their districts. They have come to some definite conclusions. The group consisted of the following health officers:

Dr. Harold H. Mitchell - Astoria Health District
Queens

Dr. Sophie Rabinoff - East Harlem Health District
Manhattan

Dr. Anna E. Ray Robinson - Bushwick Health District
Brooklyn

Mr. S. S. Lifson, Sec'y. - Staff Assistant, District
Health Education Demon-
stration.

Dr. Harold H. Mitchell of the Astoria District will present this report.

The Report of the Committee on
Health Education in Cooperation with the Schools

Harold H. Mitchell, M. D.
District Health Officer
Astoria Health District

The district health officers have found that "putting over" a health education program in the schools is a slow process. Why is this so? The committee which was appointed to study this and related problems have reached the conclusion that cooperation means what the word says. It does not mean that the Health Department is privileged to use the schools for its special purposes. But what are the ways in which the two departments can work together?

The committee was of the opinion that cooperation with the schools in health education would have real significance if the health officers concentrated on a few relationships and did those well. They felt that first of all, the health officer must analyze what his services should be as an advisor to the school personnel; second, that he should consider seriously whether or not his personnel is giving useful and timely advice to the school people; third, that he should consider whether or not the health center is being used intelligently as a supplementary classroom in health teaching; and fourth, that he should obtain educational guidance before he sets up in-service training courses in the field of health for classroom teachers.

Let us consider these four recommendations:

1. The health officer as an advisor to school personnel.

In Astoria some cooperation was obtained from the schools when they were asked to distribute some leaflets and put up some posters about the danger of swimming in the East River. It did not seem important to school principals because they thought this was some Health Department problem which they were being asked to help solve. When the health officer took time to explain that this activity was a part of health education which gave teachers a chance to teach judgment and responsibility for one's actions in connection with health knowledge, the teachers came back to the health officer asking for more information as to the reasons children should not swim in the river. It became a school program and he became the specialist to advise.

For some time in one district we have been promoting a dental health education program to encourage more private dental care for those who can afford a private dentist. The teachers were easily discouraged with this program. Many were less than half-hearted in their interest. They were tremendously concerned about the children who couldn't afford private care, and lacking dental clinics for them, they felt the program was a failure. Here was a situation that called for understanding if progress was to be made. It was found that, to the teacher, neglect of the indigent children created economic distinctions. They said that education, and also dental care, were for all the children. It was clear that renewed effort had to be made to get more free clinic service. This was done. After that, the health officer was able to

introduce educational objectives hitherto not considered by the teachers, namely, that for the children who could afford to pay, the teacher had an obligation to teach self reliance and personal responsibility in securing dental care. Moreover, as an advisor, he was able to point out that these objectives are best taught through giving the child experience with the use of community dental facilities.

A third example of the health officer playing the role of consultant to the school was reported this morning by Dr. Rabinoff. Although the syllabus in health education in a large high school did not stress the subject of tuberculosis, the health officer aided in initiating an intensive program in that field. The health officer provided the essential facts about tuberculosis; the teachers provided the methods and techniques of teaching. The cooperation of many different departments makes this a good example of an integrated teaching project in health to which a health officer made a definite contribution as an advisor.

Although Commissioner Studebaker in the United States Office of Education has written about the difficulties, duplications and inefficiencies that come out of any attempt to achieve health education if health specialists do not have the authority of the Superintendent of Schools back of them, the committee believes that it is not authority we need so much as a plan for working together. It is not the domination of one will over another but joint planning of the school program. As Dr. Nyswander says in her report, "The Astoria School Health Study," "A good program in a school does not come out of authority; it comes out of mutual appreciation of other persons' problems and clear definition of what each shall contribute to their solution."

The health officers have been learning that this is true. We are finding out how sound the method is. In some districts we have set up school health sub-committees in connection with the District Health Committees. They are helpful in providing another way of getting mutual appreciation of each other's problems. Instead of trying to get the cooperation of the school people to do what we think should be done, we are more and more learning to find out what are the problems of the school people and how to discuss their problems with them.

2. Is our Health Department staff able to give timely advice to the school personnel?

We have made a good beginning on this relationship through staff training in a twelve week in-service course for medical supervisors in the Astoria District, where special emphasis was given to the interpretation of the service to the school personnel and the educational aspects of the work of the physician and the nurse in the schools.

3. Is the health center being wisely used with school children from neighboring schools who visit it?

It has been found that people living in a district in which a health center is located, often do not know that such an institution exists. By arranging with the teachers for excursions of their pupils to the health center the Department can "kill two birds with one stone."

- (a) It can develop an awareness on the part of the pupils for the health center and an understanding of what the Department is attempting to do.
- (b) Through the pupils the adults in the families can be made aware of the Health Department facilities available for their guidance.

The committee feels that these excursions to the Centers should be well planned and that the learning experience should consist of something more than a conducted tour. The teachers should first prepare the children in their classrooms which would mean that the teachers should visit the Center first, meet with the health officer and learn of the Department's program. The tour should be one to stimulate the children to ask questions. In turn, the children should be asked questions to learn whether or not they understand what they are seeing. The health centers from time to time have exhibits that are on display covering many subjects: tuberculosis, cancer, nutrition, child health, etc. When these exhibits are available and suitable to an age group teachers can be informed and an excursion arranged. Here again the teacher should prepare her class for the learning experience. The committee is of the opinion that unless excursions have been preceded by considerable pre-learning experience and have some follow-up by the teacher in the classroom, the efforts of teacher, health officer and children may be wasted.

4. Many health officers are requested to give in-service courses in health subjects to teachers for which the teachers received credit leading to a salary increment. Most of these courses that have been given employed three types of teaching techniques:

- (a) More or less formal lectures on the nature, prevention and cure of specific diseases.
- (b) Lectures on the diseases and physical defects of school children.
- (c) Institutes covering a single field such as nutrition or mental hygiene, the subject being considered from many angles by leading experts.

The committee raised two questions with regard to the teaching methods used in these courses:

- (a) Did the methods used in the course permit teacher participation?
- (b) Did the teaching methods employed in the course aid the teacher in transferring information from the lecture to helping her with personal problems or to improving her understanding of children's health problems.

The committee found that little teacher participation was permitted in the courses, and that practical problems faced by the teachers in their classrooms had difficulty in obtaining a hearing. Questions at the end of a lecture was the only device used to get teacher-expression. Having available the results of an investigation in which

a sampling of teachers had been asked as to types of health courses they would prefer taking, a member of the committee volunteered to try out a new type of teacher training course. He felt that the course must be practical and provide the teacher with a background of information to assist the teacher in understanding the health problems of the children in her classroom. Each session should be built around experiences and problems encountered by teachers; therefore the children in each teacher's class would furnish the data for the course. Interesting and varied teaching techniques would be tried out. Naturally the health officer did not attempt to give the course alone. He called upon psychiatrists, a psychiatric social worker, a psychologist, a pediatrician and two health education supervisors to join his medical faculty in formulating the plans, working out the assignments for the teachers and participating in leading the sessions. No two sessions were alike. The teachers liked the course and gave evidence in the written accounts of projects undertaken in their classrooms that what they had learned was put into action. The Board of Education has expressed its approval of the course and the committee has now before it the task of putting basic materials from the course into a form that will be useful to other health officers.

The inquiries of the committee in the field of cooperation with the school indicate:

- (a) That the health officer should act as an advisor to a school; that he has a real job to do with principals and teachers learning from them and giving to them; that he may better spend his time

working with teachers to improve their health teaching than deliver speeches in assemblies or in the classroom himself. Further, as an advisor he must remember that he cannot use the schools to expedite his own work. He must make it a vital part of a program which the principal and teacher regard as sound health education.

- (b) If a visit to the health center is to be used for acquainting children with Health Department facilities or special programs, it must be made part of an extended learning experience.
- (c) If health officers wish to aid the schools in preparing teachers to do better health teaching in the schools, they should build a course around the health problems of children in each teacher's classroom. Furthermore, in developing the course the health officer should seek guidance from the educational experts in his community.

D. Meetings and Community Organization

Dr. Chimene gave you an example of one type of letter which makes the health officer scratch his head. Let me give you another which leaves him at a loss.

"Dear Sir:

We would appreciate your providing a movie and speaker on some health topic at our next meeting, Wednesday evening at 8 P. M.
Thank you.

Yours truly,

Mrs. A. B. Shaw
Address----- Telephone-----".

A committee of health officers addressed themselves to the problem - Shall the health officer attempt to fill all such requests, thereby achieving perhaps a large, but certainly an unrelated and spotty program of health talks throughout his area? Or shall he go more slowly to build a carefully organized program with a long term continuity and one in which the community itself will participate not just by attending the meetings but in planning, organizing and putting them over?

The health officer group consisted of:

Dr. Max Bernstein - Lower West Side Health District
Manhattan
Dr. Bernard M. Blum - Washington Heights Health District
Manhattan
Dr. Louis A. Friedman- Tremont Health District
Bronx
Dr. Sidney Wasserstrom-Flatbush Health District
Brooklyn
Mr. William A. Ettel, Sec'y.- Senior Administrative Assistant
(Health Education)

Dr. Max Bernstein of the Lower West Side Health District will report for this committee:

The Report of the Committee on
Meetings and Community Organization

Max Bernstein, M. D.
District Health Officer
Lower West Side Health District

Any organization survives as a going concern only if it has an active membership and a program in which the members are interested and at which they are willing to work. Our committee believes that this is equally true of health education in a community. Interest in health for the community is stimulated when the people themselves undertake activities to improve their own welfare. One responsibility of the official agency is to give leadership - to guide the many varieties of group interests in health along sound lines and to assist them in developing programs with continuity which will lead to action. How to build a program which will spring from the interests and needs of the people instead of being imposed on them by the Health Department - how to open avenues for participation by the people - how to make health interesting - these are the problems of the health officer. Some vitalizing force is necessary to achieve team work.

The problem, after the health officer is aware of the needs of his people, is to find some device through which he can ascertain those interests that seem vital to the people themselves. To assist him in planning his program, he may call in leaders in the community, arrange for

meetings for organized groups, such as the Parent-Teacher Association, mothers' clubs and schools, churches and members of his Medical Advisory Committee. These organized groups may help him to sponsor public meetings, secure audiences and assist at the meetings.

To publicize his meetings the health officer may use all avenues of approach, such as the radio, local or metropolitan press, posters, leaflets, and such other media as are warranted. The meetings he arranges may be of various kinds. They may, for example, be part of a campaign or panel meetings that cover one or more subjects, or alertness courses for teachers and professional groups. The meetings may be held in the health center where the audience is solicited or they may be held at other quarters where ready-made audiences are supplied by outside cooperating agencies, such as settlement houses, labor groups, schools, churches, civic organizations and others.

The first major problem is concerned with the type and calibre of speakers available. With the limited personnel assigned to the health officer this becomes a real problem. We have to depend mainly on outside sources for our speakers. Since most talks are given by medical men and since not all physicians are good speakers or teachers, they are not always able to maintain and arouse interest. Also, since speakers are limited, we recommend that we have fewer meetings with a higher content of factual material properly delivered. Speakers qualified and able to impart the message should be our goal. This committee therefore recommends that we curtail the number of meetings held and that stress be placed rather on the quality than on the number of meetings. Three or four meetings a month with substantial groups and qualified speakers are preferred to a large

number of meetings "spread too thin." Because of the limitation of staff and equipment, the committee also feels that the groups to be reached should be carefully evaluated. Are we justified in giving a large amount of time for planning a meeting for a small civic or social group, rather than in devoting the same amount of time to a substantial group of highly organized professional workers? We feel that emphasis in most instances should be placed on professional groups. We also feel that campaigns, such as those on infant mortality, tuberculosis, cancer or other major health problems, warrant expenditure of our major time. We do not favor a large number of isolated meetings. With but a limited number of projectors, operators and films to work with, we feel that the above conclusion is a proper one. This procedure will allow for more time to be given by the health officer and his limited staff to the preparation of the content of the major meetings.

The number of persons at a meeting do not necessarily spell success or failure. A small number of representatives of outstanding community leaders who can carry the message home to their own groups, representatives of such organizations as The League of Women Voters, or some major business or labor organization, will usually be more effective than an auditorium filled with persons who are just curious or forced in to make a large assembly.

In selecting subjects and planning meetings, more effective work can be accomplished if sufficient time is allowed beforehand. To plan in advance an entire program to cover a whole year, we believe is poor.

We prefer to plan from month to month, depending primarily on the needs of a particular subject to be stressed. To plan for special campaigns for individual months in advance means that the same groups must be contacted each month; this necessarily stultifies flexibility of a program and inhibits the working out of special techniques for individual groups.

We feel that, with the present limitations of staff, the health officers may devote their time most effectively in planning courses, panel meetings and lecture series with groups in the community that come in contact with the lay residents of the district. This committee prefers programs for informing or enlightening leaders of the community rather than an ineffectual hit-or-miss lecture program.

It is advisable when selecting a subject for a lecture to submit in advance to organizations requesting the talks a live list of topics which the health officer feels would have current value in improving the health in his community. It is our experience that people do not come to meetings just because we want them to; there must be something stimulating in the announcement and there must be somebody to make personal contact with individuals.

In some districts the health officers have had various groups and committees assisting them in their community work. These have all been volunteers with the exception of the few district health secretaries provided by private funds. Where such secretaries have been available the community organization has taken on a definite pattern with an executive committee and several special committees composed in the main of representatives in the fields of medicine, nursing, dentistry, social work, business or civic and religious groups. These committees assist

the health officer in sponsoring and developing a series of lectures for teachers and other professional groups. The committees meet usually if they have a message to deliver or a topic to discuss of vital interest in our community program. The committees in the main hold three types of meetings:

1. Small planning conferences.
2. Full fledged meetings of the committees themselves.
3. A series of meetings usually called a course or institute under committee sponsorship.

There is one word which describes success of meetings held by or under the sponsorship of the committees and that word is PARTICIPATION. It should spring from a group which has assembled to plan the meeting. It should be something that the group wants. Having conceived and planned the meeting, the planning group become the salesmen; the participating group act as an enthusiastic nucleus to the meeting and bring their friends, fellow-workers, neighbors, etc.

Some health officers have made use of the organized mothers' clubs in their districts. The presidents of the clubs have acted as an advisory council to the health officer; thus they were able to reach families in the district in which there are children who are attending school. Other health officers have not restricted themselves to just one particular organized group but have worked with as many groups as they thought advisable.

By way of summary, the committee is of the opinion that meetings are an essential part of the community program of health education and they recommend that under existing conditions the health officers place major emphasis on developing courses or lecture series for leaders in the community. We further recommend that we utilize department personnel from the ranks of physicians, dentists and nurses, and that an effort be made to provide funds for a paid staff of speakers.

We who have the responsibility for conducting a community health education program feel strongly that the concepts in this field are ever-changing and that out of this evolutionary process is developing a plan for increased community participation which is fundamental to the success of a health education program.

E. Monographs on Essential District Work

In a group of health districts, or among various communities, one health officer will be attacking a certain problem - trying out new methods and techniques. A little later some other health officer needs to attack this same problem in his community. It would be of tremendous help to him if he knew what the other fellow had already tried - what worked, and - equally important - what didn't work. The editorial committee of the health officer group undertook to help individual health officers prepare for publication as monographs, accounts of worthwhile projects which might be of value to other health officers. This group consisted of:

Dr. Arthur I. Blau	- Rod Hook Health District Brooklyn
Dr. Isadore Cohn	- Morrisania Health District Bronx
Dr. Jerome Meyers	- Mott Haven Health District Bronx
Dr. William F. Wild	- Jamaica Health District Queens
Mr. William A. Ettel, Sec'y.	- Senior Administrative Assistant (Health Education)

Dr. Jerome Meyers of the Mott Haven district will report for the Editorial Committee.

The Report of the Committee on
Monographs on Essential District Work

Jerome Meyers, M. D.
District Health Officer
Mott Haven Health District

Early in 1941 an editorial committee composed of four health officers and two staff members of the District Health Education Demonstration addressed themselves to the task of putting into print some of the health education activities that had been or were currently being conducted in New York City. The group recognized that clinical and laboratory investigations by physicians and allied workers need to be published not only to report such work, but of far greater import, to signalize advances in knowledge for the good of the entire profession. The committee took the position that the same needs exist for having in permanent form a description of procedures and conclusions of worthwhile public health education projects and health campaigns. The members felt that the Health Department should have a publication to meet the needs of workers in public health education just as published observations in the purely clinical field meet the needs of practicing physicians.

The committee selected mimeographed monographs as the most suitable vehicle for publishing the important and interesting health education projects coming from the various Health Center Districts. Not too expensive, the monograph offers a method by which most materials can be

reproduced if cuts are added to take care of the illustrations. Thus a monograph of 20 pages can be produced for \$18 for one hundred copies, or 18¢ each. The costs included are \$12 for labor and \$6 for stencils, mimeographing, cover stock and staple binding. If a spiral binding is used the labor cost is also \$12, and stencils, mimeographing, heavier cover stock and spirals cost \$12, making a total of \$24 per 100, or 24¢ a copy. Of course, if cuts are employed the price per copy will rise considerably.

The following criteria have been used by the committee in selecting a report for publication:

1. The work must have some elements of novelty; it must not be mere repetition of a fairly well known procedure.
2. The methods of planning and carrying out the project must be fully described.
3. An attempt at appraising results which indicates the mis-steps as well as the successes must be included.

The committee visualizes the purposes of such a series as follows:

1. As a demonstration of types of valuable public health education work that can be undertaken in health center districts.
2. As patterns of successful health education projects for other district health officers in New York City.
3. As permanent records of projects and studies undertaken.
4. As valuable reference records for health workers and physicians outside of New York City.

These four points will bear further comment.

1. As a Demonstration of Types of Valuable Public Health Education Work that Can Be Undertaken in Health Center Districts

Health education in district health centers in New York City is a comparatively new procedure and takes many forms. At present the health officer may or may not have a great variety of committees in his district to aid him in merchandizing facts about health. He has the Bureau of Health Education always at hand to give help. Out of the joint effort between the health officer and his district committees and the Bureau of Health Education have come the first two of the monograph series. One is "An Experiment with Health Panel Meetings on the Prevention and Treatment of Community Diseases" from the Mott Haven Health Center; the other is "A Campaign to Reduce Infant Deaths in a District" from the East Harlem Health Center.

Others selected for immediate publication came from practically every district in the city. They show great variety in conception, sponsorship and execution. They include reports on: a Dental Education Campaign, an Institute on Nutrition for Professional Workers, a Program for Diphtheria Immunizations, Problems in Mass Education and one on Low Cost Exhibits.

Twenty-five other studies or projects are listed by the Editorial Committee for future consideration. These include A Report on Prematures, A Symposium on Syphilis for Professional Workers, An Early Registration Campaign, An Exhibit Series, Teaching Social Hygiene to

Adolescents, Health Education in Industry, and a Symposium on The People's Food. These reports on district health education work indicate the types of experiences that the committee believes should now be put in permanent form.

2. As Patterns of Successful Health Education Projects for Other District Health Officers in New York City

While it is true that the 30 health center districts of such a vast city as New York differ in economic, social, and nationality composition, the fundamental needs for health education cannot be greatly different. Therefore such a series should serve the purpose of an interchange of idea and method which health officers in other districts may duplicate or utilize in a modified form. With the monograph showing definitely and clearly all the steps of planning and execution, considerable and valuable time should be saved through the original experience. Moreover, with the results of the original project noted, results in the other districts can be comparatively studied and checked. In this way eventually a body of authentic experience can be established, a consummation devoutly to be wished.

3. As Permanent Records of Projects and Studies Undertaken

They should be valuable not only for reference but as a succinct method of demonstrating the scope and value of health center activities to visitors, lay or professional, and to citizens of the community who may be invited to serve on or to head health center committees or projects. They are concrete examples of the activities of various community organizations, lay and professional, and of publicity channels approached and utilized in planning and execution. Moreover, such monographs should serve

as valuable records for an incoming health officer, giving a review of the health educational composition of his district and how it has been previously studied and utilized.

4. As Valuable Reference Records for Health Workers and Physicians Outside of New York City

The work done through the New York City Department of Health represents a record of health center district effort and results along localized lines. It should give a picture to the student or the physician as to what activities are inherent and possible in such work, their importance, the methods of attack, and should stimulate interest in such departmental functions.

In any discussion of essential monographs it is logical to raise the question as to what constitutes essential health education in district health center work. Such education should concern itself with the basic functions and needs of the lives of the men and women of the community. It should raise and attempt to answer the following questions which have been arranged with regard to the development and life history of the individual in his environment:

1. How well are men and women of the community born and what methods and means can be adopted to assure more healthy pregnant women, safer labor, and healthier infants?
2. How can we increase their knowledge of food and nutrition and better the practical application of such knowledge?
3. How can we better their environment whether it be air or housing or parks?

4. How can parents be made cognizant of the dangers of contagious diseases, including acute rheumatic fever.
5. Does the school child start scholastic life with as sound a body as possible and how can he be kept under medical supervision and correction?
6. How can adequate correction of dental and eye defects in the young be obtained?
7. How can parents learn the need for vaccination and toxoid?
8. How can parents and adolescents be informed of all the dangers of venereal diseases and their proper and adequate treatment?
9. How can parents and patients and especially young girls in their teens be made cognizant of the facts concerning tuberculosis?
10. How can workers in the factory and the office gain knowledge of industrial hygiene?
11. How can the older group be given information on cancer, heart disease, pneumonia, diabetes, trichinosis?
12. How can these members of the community, the physician, the dentist, the medical and dental societies, be made valuable agents and adjuncts in the spread of all such health education?

We feel that the answers to these questions will give us a greater insight into the solution and control of the health needs and problems of the community. If this monograph series concerns itself with studies attempting to give some answers to these questions, it will serve a departmental and a public need.

We hope you have caught in this session one of the points that makes our work stimulating and fun. We don't think it is necessary for us all to agree - even in public. We have our own points of view and we wrangle over them - but we are going ahead to the important thing which is to get a job done. Only if we can put forward different points of view and try out new techniques and remain critically honest in our work will we be able to develop in the future a really vital program of health education for our community.

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II. THE HEALTH OFFICER AS AN EDUCATIONAL LEADER IN HIS COMMUNITY

Caught in the hurry, complexities and routine of our day-in-day-out jobs, it is difficult for the health officer to find time to do the careful thinking and objective evaluation which is necessary if he is to give leadership in the health education program. We always mean to think through this problem, develop this procedure, polish off that technique. But we are apt to put it off - unless someone sticks a pin in to wake us up and then helps us to do the job. For the past two years we have been fortunate in having with us someone skilled in sticking in the stimulating pin, and equally skilled in giving help generously to develop new procedures and ways and means. Under outside funds granted by two foundations, there has been established in the Department of Health the District Health Education Demonstration. One phase of the work of the Demonstration staff has been to work closely with the health officers in developing the district programs for health education. The Director of the Demonstration, Dr. Dorothy Nyswander, will discuss the Health Officer as an Educational Leader in His Community.

The Health Officer as an Educational Leader in His Community

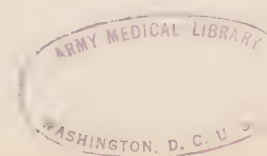
Dorothy B. Nyswander, Ph. D., Director
District Health Education Demonstration
New York City Department of Health

Being a professionally trained educator in a big health department has been a rare experience. There has not been a dull day. Often, I know my colleagues have thought they could not stand my polysyllabic chatter another minute. And I confess that their lack of insight into the educational paths leading to light and happiness has often caused me no end of mental suffering. But here we are - after some five years - still friends and collaborators.

The reason our work has been exciting is because we have worked together on problems. As you have gathered from these reports, we have taken time out to look at our various jobs - to tear them apart and then to speculate and perhaps experiment with some new ways of doing them. That is always good fun.

Thus what I have to say about the educational responsibilities of the health officer is with the same "taking apart and looking at it" attitude. This is becoming one of our habits.

Let us now put newly appointed Dr. John Doe through some educational paces. He has just taken his first job as a health officer. Maybe the job is in New York City, and maybe it is in a rural county in Utah.



What do we expect from Dr. John Doe as an educator? Has his previous experience trained him for these tasks? If not, can we assume that his formal training in a school of public health has filled in the gaps?

Dr. Doe knows considerable about one part of his educational job; the part that is usually talked about when the subject of public health education is mentioned. Thus Dr. Doe expects to give lectures, write an occasional radio speech, get a column in the local newspaper and work himself almost to death on an immunization campaign. He will talk to women's clubs, to parent-teachers' associations, to men's luncheon clubs, to women's auxiliaries and workers in department stores and factories. If he follows his adult education program faithfully, he will find that most of his health education effort is going into talking at meetings and giving out free literature. But even this commonly accepted task may not always be done with maximum educational effectiveness as the health officers' committees have pointed out. First steps are being made to learn new techniques of getting audience participation through introducing testing techniques and small group discussion methods, and awkward but earnest efforts to use pamphlets as a fundamental part of a teaching discussion are seen on rare occasions. Too often the pamphlet appears to be only a reward for coming to the meeting. Nevertheless an educator would predict that Dr. Doe will do a good job in this field especially if he uses some of the newer educational techniques for teaching groups.

Along other roads of educational leadership, however, Dr. Doe may find himself in real difficulty. One of these connects the health officer with the principals and teachers in the schools. Dr. Doe wants to work with the schools but he isn't sure of the way to do it. He has a friend who takes the attitude that the health officer should leave the school people pretty much alone except perhaps as his work relates to school medical and nursing services. Such feelings are probably reminiscent of burned fingers and singed eyebrows from past explosions. This advice from a more experienced colleague makes Dr. Doe hesitate for he hasn't yet learned to see the distinction between teaching health to children in the classroom and working with principals and teachers to get them to do a better job. The first - classroom teaching - is the task of the school people. The second - working with teaching staff - is a fruitful avenue in getting better care for children and may properly be a concern of the health officer as part of his city-wide educational program. The educator feels that Dr. Doe is responsible for keeping principals and teachers informed and aware of current health problems. He is expected to give friendly, intelligible interpretations of children's illnesses and health behavior.

But will Dr. Doe be able to do a satisfactory job in this field? Often, perhaps, the health officer finds himself at a serious disadvantage when he confers with school people. However, a part of this difficulty seems to be that the health officer doesn't speak their language. He is unaware that the concepts and methods of education have changed almost as much as those of medicine during the past decade.

One example of a mis-step Dr. Doe may make in this field is in the kind of course he may set up for teaching something about health to teachers. He must watch out that his lectures are not innocent of professional advice from an educator. Otherwise, the course may be in the style of the Gay Nineties period; this in spite of the fact that good consultant services can be procured from universities, and city and state departments of education.

Thus the educator is often discouraged to see courses for teachers still being planned by medical personnel which show that although the content has been carefully thought through from the medical viewpoint, means of reaching educational objectives are woefully lacking. The teacher needs to learn that facts about personal and community hygiene can be presented in fascinating fashion. How else will she make them interesting to children? If she is to be a good teacher of health, she needs to understand the health problems she finds in her class. Discussions of health unrelated to particular children whom the teacher knows something about are not likely to improve her teaching. She needs also to see that she is in a privileged position to give health supervision that no one else can do as well. Cooperatively worked out health courses for teachers will bring good returns.

Leadership in educational work with his own staff is the third type of educational expertness expected of Dr. Doe. This is a precarious field even for the initiated. Professional people don't like being "trained." They don't like to admit that they need it. Their egos don't like to be "refreshed" without their full consent. Therefore Dr. Doe

needs to be able to work an occasional miracle; he needs even more to have learned how to solve problems by the group method; he could profit too by a knowledge of workshop techniques in education; in addition, he must really believe in the philosophy that the staff who do the work should help make some of the plans for the work. Dr. Doe has great need for insight into the techniques of understanding these people with whom he works and to whom he wants to give a live sense of their own worth. A study of the psychology of personality might have much to offer Dr. Doe in helping him keep a heterogeneous staff happy and forward-going in their work.

Finally, the educator expects Dr. Doe to show educational leadership in organizing his community for health education. If the era of controlling behavior through compulsion is past, then educating adults to cooperate voluntarily in good health practices must be merchandised by the citizens themselves. A health department cannot do the job alone. The health officer must reach out into his neighborhoods and bring together those people who can do the interpreting job that needs to be done. It does not matter here what plan of community organization our young health officer uses. The important fact for him to recognize is that as in the other educational responsibilities laid at his doorstep there is some experimental evidence on the right and wrong ways of doing the job.

To summarize, perhaps when the job of health officer was first conceived years ago, it required few, if any, educational skills. Today, however, with public health ever widening its bases to serve people better, the health officer has need of many different kinds of educational arts. These calls are coming for four types of help: first, to improve teaching techniques in the ordinary methods of reaching the adult public; second, to show Dr. Doe how he can reach his community through the schools; third, to aid Dr. Doe in his staff education program; and fourth, to suggest ways to him of getting the community behind his special educational programs.

III. FITTING THE BROAD EDUCATIONAL PROGRAM TO LOCAL NEEDS

The health officer in the district must fit his health education program to the needs of his community. He also has another responsibility - to be sure that the program is within the policies of the broad program of the Department. For interpretation of policy, for discussion of debatable procedures, for guidance when knotty problems arise, as well as for certain material assistance, the District Health Officer looks to the Bureau of Health Education. Its director, Dr. Bolduan, has for over a quarter of a century watched New York and its problems and has carried out an active crusade to teach health to the city's millions. Dr. Bolduan has seen the small communities merge into the greater city and then that city become unwieldy through its growth - and now he is helping us think of the city again divided into 30 districts for health work. When we have a tough problem we find our way to Dr. Bolduan's office. We are honored to have Dr. Bolduan with us on this program. He will discuss with us how to Fit the Health Education Program to Local Needs.

Fitting the Health Education Program to Local Needs

Charles F. Bolduan, M. D.
Director, Bureau of Health Education
New York City Department of Health

The title of my talk indicates at once that there are two important aspects for the health administrator to bear in mind - a program, and the community's needs. The former should, of course, always be organized to meet the latter.

How can we find out what these needs are? To illustrate some of the necessary steps let us assume that a city of about 200,000 population has placed a reform government in power, and that an experienced, well trained health officer has been brought in from another state to take charge of health administration. Obviously he will want to see what his community is like, and he will do well to drive through the various parts of the town to see how the people live and to observe sanitary conditions generally. Subsequently, with the cooperation of the city engineer, he will make a closer study of the city's water supply, sewerage system, disposal of garbage and rubbish, street cleaning, housing and other sanitary matters.

With the aid of census data he will study the character of the city's population, the age and sex distribution, the proportion of white and colored, the proportion of foreign language groups, etc.

Then will come an analysis of the mortality and morbidity statistics in order to discover the major causes of illness and death. With this will go a study of medical and hospital services available to the community.

Thorough familiarity with all these factual data is necessary before attempting to organize an effective program of health education.

In the selection of the subjects to which the educational efforts are to be directed, attention must be given to a number of points. Is the problem something in which the individual citizen must actively participate (for example: diphtheria immunization), or is it one to be undertaken by the community as a whole (for example, sewage disposal plant)? If the former is the case, are there the necessary facilities available for people of small incomes? Are there public clinics? If it is a community matter, can the municipality finance the undertaking? What is the bonded indebtedness? Have the people been prepared to appreciate the need of the financial outlay involved?

Another point: Is the condition one for which the health officer can give really effective advice? Thus, from a study of the mortality tables, the large number of deaths from heart disease and cancer might suggest these conditions as important subjects for health education. Actually they are not, because there is so little real help which can be given. I realize, to be sure, that considerable attention is being devoted to early diagnosis campaigns in an effort to combat cancer. It is questionable whether they accomplish much in the reduction of cancer mortality. Similar objections can be made to educational efforts to control the spread of influenza, or poliomyelitis, or a number

of other infectious diseases. Let us frankly admit that medical science has not yet furnished us with effective preventives for all diseases.

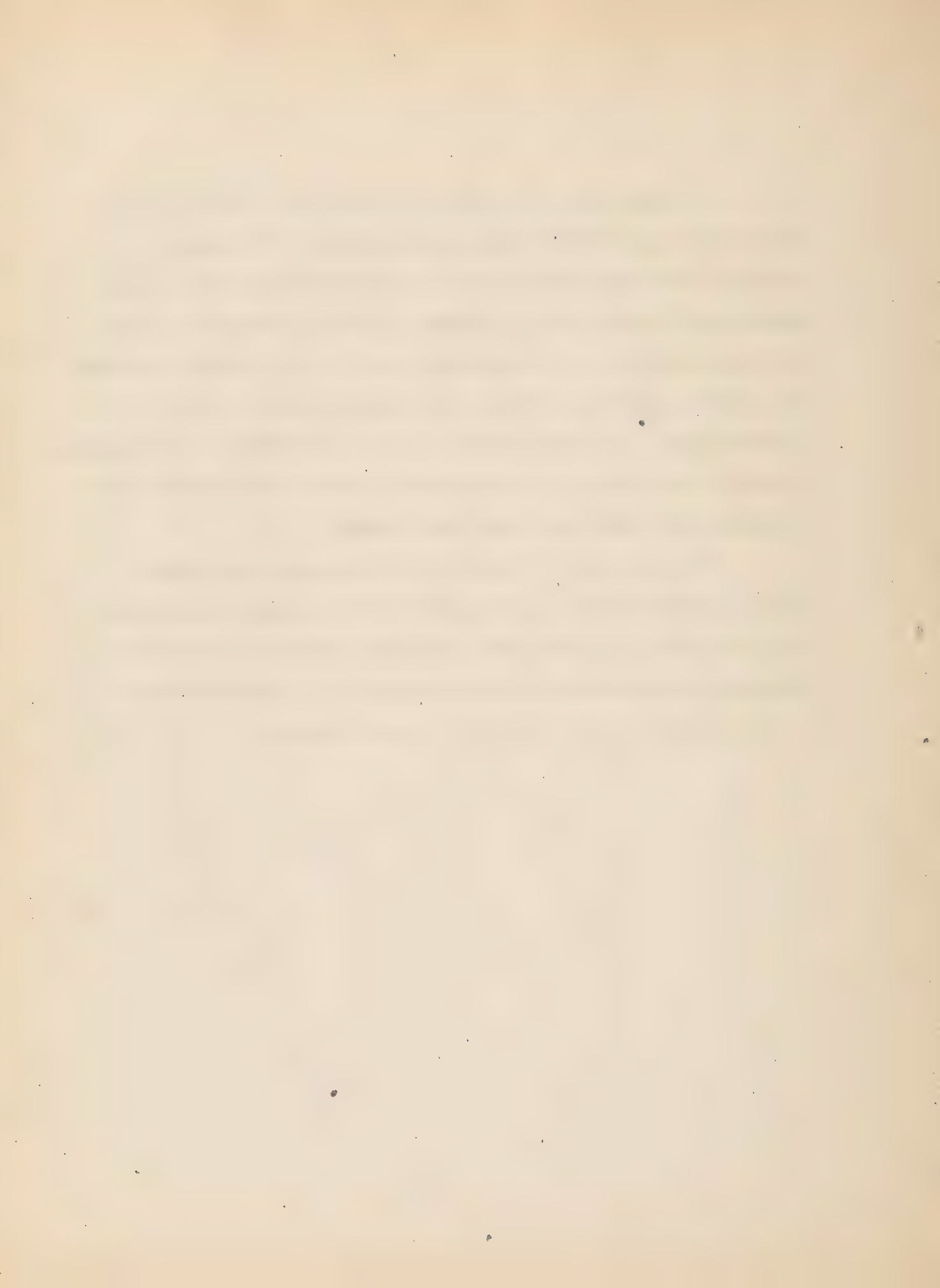
In teaching the public the value of cleanliness as a valuable contribution to the prevention of disease, we very properly emphasize thorough washing of the hands after using the toilet. I sometimes wonder what the school children think of this advice when they find no suitable washing facilities in school toilets. Is not this matter for the health officer to take up with the school authorities in order to make his educational efforts more effective?

Accidents loom large as a cause of injury and death, and a large proportion of the victims are children injured while playing in the streets. Here too, any educational program against such accidents should be supplemented by efforts to provide safe playgrounds for children.

Thus far we have studied the community's health problems and have agreed on a number of subjects suitable for health education. Not all of these will be of general importance to the entire community. Some, certainly, will be important only for certain groups, either geographic, or racial, or language, or vocational. Health Education to be effective with these groups must enlist the active cooperation of the leaders in these groups, such as editors, influential business men, labor leaders, clergymen, school principals, physicians and social service workers. Such cooperation is best obtained by having the health officer invite these leaders to participate in conferences where all phases of the health problem are discussed.

You will note that I speak of conferences. By that I most emphatically do not mean the very common practice of "appointing a committee." The best work is rarely done by committees; it is done by individuals. Moreover, once a committee has been appointed it is often hard to get rid of it. I am sure most of you are fed up with an interminable round of committee meetings, with an imposing list of agenda, a lot of fruitless discussion often ending with the appointment of a sub-committee to consider some detail. We all know such meetings and regret the waste of valuable time which their attendance entails.

One last word. I urge you not to undertake any particular program of health education just because "all the others are doing it." It may be tempting to climb on the band wagon, but you may have quite different and more important health problems in your community and it is to these that you should devote most of your attention.



LET'S BUILD AN EXHIBIT

"District Health Centers Reduce Infant Mortality"

The health officer committee on Visual Aids and Exhibits believed that an effective exhibit could be made to tell the story of how the Department of Health and community agencies together effectively tackled an important health problem in a district.

The reduction of infant mortality to new low records during the past ten years is a story worth telling. The idea of the lighting devices was taken from the Russian exhibits at the World's Fair and seemed to offer a new and different method of presentation. At first the cost seemed to put the idea far beyond our means. However, by going after and securing participation from many sources, the exhibit became a reality.

Under the leadership of Doctor John B. West, then District Health Officer of the Central Harlem Health District, the health officer committee conceived, planned and designed the exhibit.

Production was carried out in the Health Education Workshop in Central Harlem Health Center. This workshop came into being in July, 1939, as a result of the health officer's interest in utilizing his hobby of woodworking to provide productive special opportunities for youth training. It is a cooperative enterprise shared in by the New York Tuberculosis and Health Association, Greater New York Fund, National Youth Administration, Works Projects Administration and the Department of Health.

Doctor West supervised the construction of the exhibit until he left the city to assume his new post as Medical Director of Provident Hospital and Principal Assistant Bureau Chief of the Board of Health in Chicago. After that time Doctor Irving Crain, Acting District Health Officer, who had worked closely with Doctor West, supervised the exhibit and brought it to completion.

Doctor West's ability and experience in design and technical construction, together with Doctor Crain's experience in dramatics and playwriting, gave guidance of professional calibre. Probably the most valuable individual was John Paul Davies, an 18 year old N. Y. A. woodworker and cabinet designer. He was responsible for the fine craftsmanship and for many improvements in technical design. Arthur P. Reynolds, a W.P.A. employee, served as foreman and produced the jig-saw cutouts

Kenneth Peebles, an N. Y. A. employee of the shop at the beginning of construction, was promoted to skilled woodworking for Defense. He then continued as a volunteer to complete the carving and painting of the figures. William H. H. Wilkinson, an electrical engineer, now an administrator in the office of the New York State Employment Service, volunteered to install the electrical system, including lighting and timing. Frank Patten, sign writer from W. P. A., executed all graphs, charts and small pictures and designed the lettering. Altogether from 30 to 40 people gave much time to creating the exhibit.

Our point is - we did not know this talent was available until we had a concrete problem and hunted for ways and means to solve it. By utilizing aids from many sources, an exhibit was produced for a cost of \$150 which if bought from professional sources, would have been entirely beyond our means.

Each panel is a separate unit to provide flexibility in future exhibits. Other media might be used in the dioramas.

We believe photographs can be used at less cost, although perhaps they would not stimulate so much attention as the quaint figures.

The committee believes that the design and lighting technique are good. Further experimenting is needed, however, with subject matter which can be adapted to the technique. For this reason we are asking at this first showing at the American Public Health Association meeting that visitors give us their criticisms and suggestions.

A description of the technique used in building the exhibit, complete with plans, is being prepared by Doctor West and may be obtained by writing him.

Copies distributed
at Exhibit
Atlantic City
October 1941

LET'S BUILD AN EXHIBIT

DEPARTMENT OF HEALTH
CITY OF NEW YORK

Health Officer Committee on Exhibits:

Dr. John B. West, Chairman
Dr. Frank A. Calderone
Dr. Irving J. Crain
Dr. Jacob H. Landes
Dr. Joseph Weinstein

Secretary, Mr. S. S. Lifson
Ex-officio, Dr. Dorothy B. Nyswander

THE LOWER EAST SIDE
ORGANIZES ITSELF INTO A GOING CONCERN
FOR COMMUNITY HEALTH

THE MOTHERS HEALTH ORGANIZATION

Frank A. Calderone, M. D.
District Health Officer
Lower East Side Health Center
Department of Health
New York City

THE MOTHERS HEALTH ORGANIZATION

Under the leadership of the district health officer, one district has solved the problem of community participation by helping its mothers - some seven thousand of them - to form their own Mothers Health Organization. The Lower East Side, a fascinating melting pot of many nationalities, has for years been the site of interest of some of the finest social agencies this era has seen. The questions here seemed to the health officer to be - Why not utilize what we already have? Why not implement these ready-made tools for community participation to further the health program? Why not make a program in which each and every organization could help its members to share? Next - What program could be initiated which would meet a real need and offer sufficient interest to stimulate real work on the part of many people?

Early in the spring of 1941, Dr. Frank Calderone, the district health officer, called a conference of key people in the Lower East Side and the group enthusiastically set themselves to work on this problem. It was decided that, while by common consent the health officer was elected chairman of the committee and while the health center became the hub of activities, the organization should be one not of the Department of Health but of the members themselves. Gradually ideas crystalized.

Nutrition was selected as a basic need which could be dealt with through this type of program. Throughout the country the defense situation was sharpening our thinking about the health needs of the entire

population. Everywhere sound nutrition was being stressed as of the utmost importance. Its selection by this group as their initial topic was in line with the trend of the times.

Who were the members of the community who would be interested in nutrition? Again the answer came easily - the mothers of families - the "home" home economists - the ones who buy, cook and serve the food for their families.

The organization plan was simple. Each participating agency - each school, each settlement house, each nursery, each library - knowing the women with whom it dealt, selected from among its membership a small group of natural leaders. These were the Key Mothers - so called because they were the key to the whole plan. Each Key Mother in turn selected from among her own friends living in her own neighborhood, ten other mothers who were eager to learn better ways for healthful living.

Thus each participating agency built up for itself a small group of interested mothers and kept a file of their registration cards. Each card gives the mother's name and address, nationality, husband's name and the names and ages of the children. The Key Mother's card lists in addition the names of her own group of ten. Duplicates of these cards are on file in the health center available as a source for volunteers in time of emergency or as an organization resource as the program continues. Over 7,000 families are thus listed.

At the health center the health officer and his executive committee carried the burden of planning the program, securing funds, making available educational material and securing press and radio publicity. The task of being contact person with the participating agencies, attending to distribution of supplies, arranging conferences and meetings - a full-time job - was assigned to Dr. Mary Steichen, Junior Health Officer. Without one such person to keep all the machinery rolling smoothly, it would have been practically impossible to carry out such a large program.

A group of nutritionists from the Community Service Society, the New York Chapter of the American Red Cross, the Catholic Charities and the Department of Welfare of New York City collaborated in working out all nutrition educational material.

All educational material was sent to the participating agency which in turn distributed it to its Key Mothers and made sure the latter understood it. Each Key Mother then called together her group of ten, gave out the material and discussed its implications.

For four weeks the problem of proper food was thus discussed throughout the district. The material was divided into four topics: dark breads and cereals; fruits and vegetables; milk; and meat, fish and eggs. During the week that each topic was being discussed, leaflets on the same topic were distributed by teachers to the children in 49 schools in the Lower East Side district. Often the teachers used the subject for a health lesson. Thus in the school and in the home, for four weeks, children and their mothers discussed food as an important matter for the health of the family.

During each one of the four weeks a radio broadcast was held on the food topic of the week. The technique used was a popular interview with a group of mothers by the health officer, junior health officer, or one of the nutritionists. The mothers were all notified of each broadcast and listened to them eagerly.

One thing became clear. Such a community organization could be made very popular and its members had a real pride in it and worked hard. At a big community rally an audience of over 2,000 mothers - the housewives of the district, listened intently to experts, city officials and to Mrs. Roosevelt. Children whose mothers belonged to the Mothers Health Organization had buttons to wear and other children teased their mothers to join. City papers carried feature stories with pictures of the mothers which were proudly read by the Lower East Side. Radio stations gave considerable time to broadcasts - the interviews with mothers proving most popular.

It was a hard job and it took imagination but it was successfully done. Now the Mothers Health Organization wants more jobs to do. Every one of the 7,000 mothers looks with new respect and a friendly feeling toward her Department of Health. The health officer is known by name to thousands of his families as their friend. The Lower East Side has organized itself into a going concern for community health.

How this was all carried out has been compiled by the Russell Sage Foundation into a scrap book which is on exhibit at the Eighth

Institute on Public Health Education in connection with the 70th Annual Meeting of the American Public Health Association at Atlantic City, October 1941. In this scrap book are given the details of organization, samples of activities carried out, and methods securing publicity. Unusually fine through their clearness and simplicity were the leaflets developed by the nutritionists for the Key Mothers. These deserve special attention from those who are interested in similar work.

A
COOPERATIVE
H E A L T H E D U C A T I O N P R O J E C T
- - - - -

on .

TUBERCULOSIS

by

EAST HARLEM HEALTH CENTER

and

BENJAMIN FRANKLIN HIGH SCHOOL

New York City

Sophie Rabinoff, M. D.
District Health Officer
East Harlem Health Center
Department of Health
New York City

GRATEFUL ACKNOWLEDGMENT IS HEREWITH GIVEN TO THE FOLLOWING INDIVIDUALS
WHO HAVE PARTICIPATED AT VARIOUS TIMES IN THE COURSE OF THE PROGRAM.

DEPARTMENT OF HEALTH

Dr. Margaret M. Barnard, Consultant in Local Administration
Dr. Charles F. Bolduan, Director, Bureau of Health Education
Dr. Israel Weinstein, Assistant Director, Bureau of Health Education
Dr. Herbert R. Edwards, Director, Bureau of Tuberculosis
Dr. Morton H. Aronsohn, Physician-in-Charge of Chest Clinic, East Harlem
Health Center
Dr. Caroline Silberman, Health Officer-in-training
Mr. Charles T. Griffin, Artist, Bureau of Health Education
Miss Miriam Friedman, Health Education Assistant, East Harlem Health Center

BENJAMIN FRANKLIN HIGH SCHOOL

Dr. Leonard Covello, Principal
Mr. Emilio L. Guerra, Assistant to Dr. Covello
Dr. H. S. Dlugatz, Chairman, Science Department
Mr. Samuel Huber, Chairman, Art Department
Mr. Joseph Gallant, Chairman, English Department
Mr. William A. Spiegel, Chairman, Physical Education Department
Mr. Michael DeCaesare, Chairman, Italian Department
Mrs. Lea Kanheimer, Chairman, Spanish Department

NEW YORK TUBERCULOSIS AND HEALTH ASSOCIATION

Mrs. Katherine Z. M. Whipple, Secretary, Health Education Service
Miss Martha Shamberger, Volunteer in Health Education Service

DISTRICT HEALTH EDUCATION DEMONSTRATION

Dr. Dorothy Nyswander, Director

Sophie Rabinoff, M. D.
District Health Officer

THE HISTORY OF THE
REPUBLIC OF THE UNITED STATES OF AMERICA

CHAPTER I

The first of the great principles of the American Republic is the principle of the separation of powers. This principle is the foundation of the American system of government, and it is the basis of all the other principles of the Republic. It is the principle that the legislative, executive, and judicial powers of the government are separated into three distinct branches, each of which is independent of the other two. This principle is the basis of the American system of government, and it is the basis of all the other principles of the Republic.

THE PRINCIPLE OF THE SEPARATION OF POWERS

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THE PRINCIPLE OF THE SEPARATION OF POWERS

HEALTH EDUCATION PROJECT ON TUBERCULOSIS

BENJAMIN FRANKLIN HIGH SCHOOL

FALL TERM, 1940

Health Education for high school students offers a variety of possibilities and a most fertile field for co-operative participation by health agencies, teachers and students. In the East Harlem Health Center District, the Benjamin Franklin High School has for some years shown an active interest in health education and the local district health program. Tuberculosis has been especially emphasized because the school is in a district in which the tuberculosis rate is high, and as far back as 1937 in connection with the "Early Diagnosis Campaign", films on tuberculosis were shown and literature distributed. This was preliminary to a tuberculin testing and x-ray project initiated for the entire school by the Department of Health. The New York Tuberculosis and Health Association supplied films and literature.

Since then it has been customary each term during the past few years for the Health Officer to arrange in co-operation with the Science Department Chairman, Dr. H. S. Dlugatz, a special health education program. This consisted of three assembly programs on various health subjects for a period of one week. Speakers were provided and films shown. A single evening parents' meeting was also held each term to bring health messages to the parents and adult groups in the evening school.

It was felt, however, that the students would benefit even more directly and be more alive to health standards and goals, if they participated actively in a program that had some relationship to their family and environment. In keeping with the idea of emphasizing active rather than passive methods of learning, it was determined to concentrate on one subject. Tuberculosis was selected inasmuch as incidence

and mortality rates are high in the East Harlem district, and these pupils are in the age group which presents special problems. For example, in the five year period 1933-1937, tuberculosis was responsible for 41% of all deaths in the age group 15-24 years. To utilize more recent figures, on January 1, 1941 there were nearly 800 cases of tuberculosis known to the Health Department in East Harlem. Because of the nature of the disease the material studied offered a wide field of interest from both a personal and community aspect. Many day to day factors such as personal hygiene, diet, exercise, cleanliness, preparation for a livelihood, housing and recreation were broached. It engendered an awareness of the responsibility of each individual to himself, his family and the community. So too, the program demanded recognition of early symptoms of tuberculosis to combat the disease in its incipient stages as well as a recognition of preventive hygiene.

The tangible objective of the project was to create posters in English, Spanish and Italian based upon the material submitted by the students in the form of slogans. Unification of this work demanded the fullest cooperation of the chairman of six departments--Physical Education, Science, English, Spanish, Italian and lastly, consummation in the Art Department. This was attained admirably through the good offices and encouragement of the principal of Benjamin Franklin High School, Dr. Leonard Covello. A conference was arranged early in the term attended by the principal, the various heads of the departments, the Health Officer and Mrs. K. Z. W. Whipple, in charge of Health Education at the New York Tuberculosis and Health Association. The latter was instrumental in supplying tuberculosis material in the form of posters and literature as well as teaching units, and information regarding experience elsewhere in the integration of teaching on

tuberculosis into the curriculum.

7 At this meeting the technique of instructing the student body was discussed and a schedule set up to determine the amount of time to be devoted to tuberculosis by each department as well as the stages to be followed in order to submit the slogans to the Art Department at the beginning of December for their ultimate conversion on posters. Mrs. Whipple offered three pamphlets, "Growing Healthfully," "Preventing Tuberculosis" a teaching unit and "Guide for Teachers," embodying techniques and methods for teaching tuberculosis to all instructors participating in the project. An interim informal conference was also held later with Dr. Covello, Dr. Nyswander, Dr. Dlugatz and the Health Officer to consider possible long range planning.

It may be remarked at this time that a similar program was instituted at the Benjamin Franklin High School Annex in the Kips Bay area. Assembly programs were devoted to tuberculosis, films were shown in the study hall and classroom, and individual teachers in the various departments previously mentioned led discussions on the subject. In addition members of the Science Department both in the main building and in the annex were invited to attend a lecture of a semi-technical nature by Dr. E. R. Levine on October 14, 1940, in order that the instructors might be better oriented on various aspects of tuberculosis.

Another important feature of this activity which may be mentioned at this time regarding the suitability of the subject of tuberculosis, and its introduction into the term program is the fact that the Health Center has regularly conducted a tuberculosis survey with the necessary follow-up for each graduating class. Parenthetically, at one of the meetings the wisdom of investigating the status of the graduating class only, was questioned by a student and consequently a new policy

of administering the tuberculin test to entering students will be instituted so that suspicious cases may be checked while the boys continue under the jurisdiction of the high school.

As previously mentioned, all the students attended assembly programs devoted to tuberculosis with a speaker and film on the subject. In order to orient them still further, four films (two each week) were shown regularly each day in the study hall to students having free periods. During this interval, each student was enabled to view at least two different tuberculosis film. Bulletin board space at strategic locations in the school were utilized for posters and the school library also displayed literature relating to tuberculosis.

Supervised student instruction commenced the beginning of October throughout the various departments. The Science Department, for example, devoted one period in each biology class to the use of a set of graphic isotype charts which provoked much interest on the part of the students. An additional period was devoted to a social study lesson and involved the use of appropriate literature. Following these preliminaries, class room quizzes were given and the students showed a surprising grasp of the subject matter. There was also discussion of slogan material; many of the students brought in theirs as part of a classroom assignment. Fifteen science students voluntarily submitted cartoon posters on the subject, some extremely well executed and of high emotional and dramatic value. It may also be noted that, influenced by the classroom discussion, students in the various classes spontaneously raised the question, "What can be done about reducing the incidence of tuberculosis?" a question which was again raised at the Student Council meeting and which will be discussed in the latter

portion of this report.

A study of the causes of tuberculosis led to the question of factors in East Harlem responsible for the widespread occurrence of tuberculosis. Inadequate housing, improper diets, unemployment and race susceptibilities were offered as contributing causes to the high tuberculosis rates. Another important phase of these classroom studies was the uprooting of long held misconceptions such as the belief that tuberculosis is inherited, transmitted from parents to children.

A group of students from the science classes was also delegated to visit the Health Center on an inspection tour. They were particularly concerned about the facilities available in the chest clinic and entered into a prolonged discussion with the head nurse over the costs of x-rays, both paper and celluloid, and various other aspects of medical care for the tuberculous patient. They also discussed the Health Center set up as a civic function. Following their visit, they made a comprehensive report of their experiences to their classmates.

The English Department approached the subject in a more oblique fashion. The students were encouraged to discuss personal experiences in some way related to the problem of tuberculosis and a surprising number, it was revealed, had had some contact with tuberculous individuals. In these classes another interesting belief was exposed and its ghost laid--that people living out of the city, principally farmers, are less apt to fall heir to ills of the flesh.

Instruction in tuberculosis was not a new problem for the Physical Education Department inasmuch as in the Personal Hygiene Class a single term required course, the subject is included in the curriculum. In fact, it was considered of such importance that three years ago an

entire term consisting of one period a week was devoted to tuberculosis instruction. Then too, the students had been constantly aware of the tuberculosis problem through the experiences of graduating students who were either x-rayed or given a tuberculin test in their last term at school.

The Italian Department, following the accepted classroom procedures, devoted two full periods to a discussion of the subject and the students supplied slogans in Italian as a homework assignment.

For the Spanish classes a Spanish pamphlet, "La Tuberculosis" issued by the National Tuberculosis Association was utilized in the form of oral comprehension lessons. When the students presented their slogans, there were several suggestions made that when the posters in Spanish were ultimately prepared they be allocated to stores and buildings frequented by Spanish individuals so that they might recognize tuberculosis symptoms and the need for prompt treatment. It was planned to show the Spanish version of the tuberculosis film, "Cloud In The Sky," to the students taking Spanish courses but unfortunately the high school machine was out of order and it was not feasible to show the film at that time. Undoubtedly the students would have welcomed this particular visual method for the information it contained as well as the opportunity to hear colloquially-accepted Spanish. In lieu of it the teachers engaged in Spanish conversation with the students, on the subject of tuberculosis, and they were encouraged to respond in that language as a form of practice. Arrangements were made to show this film at a later date.

It was the task of the Art Department to apply the slogans prepared in English, Italian and Spanish to posters and this involved a considerable amount of technical preparation, lay-out of posters, preliminary sketches,

perhaps four or five for each poster, enlargement, revision for better proportion of lettering, etc. Despite the tremendous amount of work involved the students apparently enjoyed making these posters and the finished productions gave evidence of technical ability, ingenuity of thought and skilled appreciation of the points that we had stressed. Unfortunately because the time element for completing a single poster was so great, and although a full month had been set aside for this project, the schedule did not allow for finished posters in Spanish or Italian although such slogans had been submitted. These were put on display during open school week and were also on view at the Parents' Meeting on January 16, 1941. Several of these are reproduced in this article.

Several sample slogans selected at random are offered at this point.*

ENGLISH*

- 1-Tackle T. B. before it scores a touch-down.
- 2-A check on T. B. is a check for health.
- 3-Fight T. B.
An x-ray can see what the human eye can't see.
- 4-Overcome Tuberculosis as David overcame the lion.
- 5-Suspense is not defense, have an x-ray taken.

SPANISH*

- 1-Cuidese hoy, y no sufrira manana.
- 2-Combata la tuberculosis con estos tres **agentes**
 1. Descanso
 2. Examen fisico
 3. Buena **alimentación**.
- 3-La mejor defense contra la tuberculosis es la mejor ofensiva.
- 4-Para combatir la tuberculosis, la sabiduria es poder.
- 5-Con la sobiduria conquiste la tuberculosis.

* For complete list of slogans, see appendix.

ITALIAN*

1-Chi si guarda si salva.

2-La T. B. e nemica andate alla clinica.

3-Il danso non e tutto La salute e vero aiuto.

4-Se T. B. vince, tu perdi.

5-Cacciate T. B. altrimenti T. B. cocera' Voi.

At the conclusion of all these activities the heads of the Departments, the Health Officer, and Mrs. Whipple of the New York Tuberculosis and Health Association were invited to sum up the results of this project both from a positive and a negative aspect. Several students, executive members of the Benjamin Franklin High School General Organization as well as some parents also attended the meeting.

The department heads were unanimous in the belief that the project had been most valuable to the students and to the community at large and expressed a willingness to cooperate in furthering future projects initiated by the Health Center. It was their request, however, that programs of this scope should be better coordinated with their term syllabus. It was brought out for example, that the teaching of tuberculosis in the Physical Education Department at the present time was not well correlated with the work of the other departments. Other chairmen, although granting the value of tuberculosis instruction, felt that because so many demands were made on their regular teaching schedule it was well nigh impossible to devote much time to Health Education material without interfering with the regular classroom work. It was quite obvious from the discussion at the last conference that if a project of this scope is to be sponsored, there must

* For complete list of slogans, see appendix.

be better coordination with their term teaching syllabus. Although the various chairmen encouraged this work and everyone felt it was an interesting and worthwhile demonstration, future planning should take into consideration the whole teaching program and have this incorporated and correlated in the general plan.

It may be remarked in passing that the instructors were themselves influenced by the project and many felt it desirable that they themselves submit to tuberculosis testing.

It was generally agreed that the students fully recognized the objectives of this program. Stimulated by their reading and instruction they raised the following valuable points at our final meetings: 1.--That educational programs consisting of films and speakers be offered to adults in the community. (Apparently the boys are not fully aware of the fact that such work has been carried on regularly in the district.) 2.--That educational material in the form of posters and booklets both in English and in foreign languages be distributed to adults. 3.--That students entering the high school be x-rayed on admission as well as at graduation. 4.--That complete physical and dental examinations be given to all High School students with some provisions for those who cannot afford to pay for professional services. Their ardor was evidenced by a petition containing a thousand signatures requesting an x-ray examination of each entering and graduating student in the high school.

To conclude this report it is definitely the feeling that the Health Education work done at the Benjamin Franklin High School has evoked the interest of both students and instructors and has served to bring to the attention of the student body a disease which takes

a large toll in East Harlem. The interest of the students was enlisted to the extent that they recognized the need for early diagnosis and control of this disease and further, as a result of the program, carried messages to their families and friends by way of reports and literature. In fact, at the final conference, one of the more alert Italian mothers who was present discussed the case of a poverty stricken neighborhood youngster who had been told he had some trouble in his lungs. She felt it her duty to escort the boy and his mother (who spoke no English) to a clinic for a thorough check-up. This instance is undoubtedly typical of the attitude of other parents in the district, who have become increasingly aware of the importance of preventive measures.

It is our belief that the program offered at this school is deserving of further development and repetition in the other districts. Based on the experience in East Harlem with Benjamin Franklin High School, and the fact that they look to us for guidance in their health program, it is our intention, to continue this work and hope to develop it further.

A P P E N D I X

**
List of Pamphlets Distributed
to Teachers and Students
in Quantities of 100 or More

- "Tuberculosis Basic Facts in Picture Language"
- * "Why Sleep"
- "Air and Sunshine"
- "Roentgen's Ray"
- "Robert Koch"
- "Laennec, The Listener"
- "What you Should Know About Tuberculosis"
- "Tuberculosis 5 to 20"
- "Landmarks of Progress"
- "What is Tuberculosis?"
- "Climate and Tuberculosis"
- * "A Heart to Heart Talk"
- "La Tuberculosis" -- Spanish leaflet
- "Growing Healthfully"
- "Guide for Teachers"
- "Preventing Tuberculosis" a teaching unit for
Junior and Senior High Schools. (Includes
list of Reference Material upon which the
unit is based)

* Out of print at this time.

** Published by the National Tuberculosis Association.

Slogans Submitted in English, Spanish and Italian.

1. Tackle T. B. before it scores a touch-down.
2. A check on T. B. is a check for HEALTH.
3. T. B. is the batter, you're the pitcher. Throw a bean ball.
4. T. B. is our country's problem child.
5. While the storm clouds gather far across the sea-
Let us pledge allegiance to get rid of T. B.
6. Stop tuberculosis before tuberculosis stops you.
7. When you have a bad cough
Don't delay
Go to see your doctor
Right away.
8. T. B. or not T. B. its toxin you.
9. One cannot tell if he has T. B. unless he takes an x-ray.
10. Fight T. B.
An x-ray can see what the human eye can't see.
11. Our lives are at stake.
So don't expectorate
Our lives we adore,
So don't spit on the floor.
12. Catch T. B. before it catches you
Housing wanted! But not for T. B.
13. Isolate T. B. before it isolates you
T. B. is a menace, don't let it menace you.
14. With plenty of sunshine and good food to eat you won't have to
worry about catching T. B.
15. Overcome Tuberculosis as David overcame the lion.
16. Stop T. B. by free examinations
Get a T. B. examination to catch spread of germ.
17. Fight T. B. before it licks you
Down with T. B.! Public enemy No. 1!
18. To rub out the T. B. pest you need rest.
To cure T. B. you need much rest or T. B. will best you and
you'll get your rest.

19. Many worry about T. B. - Take care and it may not be.
20. Plenty of fresh air because it's always there, will help keep away that big T. B. scare.
Here today, gone tomorrow, T. B. here today no more tomorrow.
21. David killed Goliath-why can't we kill tuberculosis?
22. Kill T. B. before it kills you.
If you don't kill the T. B. germ, you surely won't be here next term.
23. Four o'clock is tea time, T. B. is any time.
24. Help fight T. B.
25. T. B. is a catching disease if you get caught you'll be deceased.
T. B. is caused by a bug, if you get caught a grave will be dug.
26. If you wait for T. B. to be old and worn
Many friends your death shall mourn.
27. Early to bed and early to rise keeps T. B. doing the jive.
28. Tubercle Bacillus is always around so let's kick it off the ground.
29. Suspense is not defense. Have an x-ray taken.
30. Travel around with B M T but don't travel with T. B.
31. T. B. Harlem's Public Enemy No. 1.
32. T. B. or not T. B, that is the question.

CARTOONS AND POSTERS (Examples)

1. David and Goliath. Goliath is T. B. and David is hitting him with rocks from his sling-shot marked Education.
2. T. B. on sand and the wave of Education comes to erase him.
3. Buy a T. B. stamp to stamp out T. B.
4. Harlem's Public Enemy No. 1.

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SLOGANS IN SPANISH

1. Cuidese hoy, y no sufrirá mañana.
2. Combata la tuberculosis con estos tres agentes:
 1. Descanso
 2. Examen físico
 3. Buena alimentación
3. La mejor defensa contra la tuberculosis es la mejor ofensiva.
4. Para combatir la tuberculosis, la sabiduría es poder.
5. Con la sabiduría conquiste la tuberculosis.
6. Luchen contra la tuberculosis antes de que luche contra Eds.
7. No hay tiempo como el presente para luchar contra la tuberculosis.

SLOGANS IN ITALIAN

1. Chi si guarda si salva. (To be cautious is to be wise.)
2. La T. B. è nemica andate alla clinica. (T. B. is your enemy. Go to the clinic.)
3. Il danaro non è tutto. La salute è vero aiuto. (Wealth is not all. Health is the true aid.)
4. Se T. B. vince, tu perdi! (If T. B. wins you're the loser!)
5. Cacciate T. B. altrimenti T. B. cocerà' Voi. (Chase T. B. out of your life or it will chase you out of life.)
6. Acquistate il francobollo Antitubercolare! (Buy anti-T. B. stamps.)
7. Prevenire è meglio che reprimere. (To prevent is better than to remedy.)
8. Con unità uccideremo la Tubercolosi. (With unity we can slaughter T. B.)
9. Lottate contro la Tubercolosi. (Fight vs. T. B.)
10. Ora è il tempo di marciare contro la tubercolosi. (Now is the time to march vs. T. B.)
11. Aiuta la Red Cross perchè la Red Cross Aiuta la gente T. B.
(Help the Red Cross. The Red Cross helps the tubercular.)
12. Chi è Tubercoloso è pericoloso! (He who is tubercular is in danger.)

EXERCISES IN SPANISH

1. ¿Cuál es el nombre de este país?
2. ¿Cuál es la capital de este país?
3. ¿Cuál es el idioma más hablado en este país?
4. ¿Cuál es el producto más importante de este país?
5. ¿Cuál es el clima de este país?
6. ¿Cuál es la religión más practicada en este país?
7. ¿Cuál es el mayor río de este país?
8. ¿Cuál es la moneda de este país?
9. ¿Cuál es la población de este país?
10. ¿Cuál es la historia de este país?

EXERCISES IN ITALIAN

1. Qual è il nome di questo paese?
2. Qual è la capitale di questo paese?
3. Qual è la lingua più parlata in questo paese?
4. Qual è il prodotto più importante di questo paese?
5. Qual è il clima di questo paese?
6. Qual è la religione più praticata in questo paese?
7. Qual è il maggior fiume di questo paese?
8. Qual è la moneta di questo paese?
9. Qual è la popolazione di questo paese?
10. Qual è la storia di questo paese?
11. Qual è il nome di questo paese?
12. Qual è la capitale di questo paese?
13. Qual è la lingua più parlata in questo paese?
14. Qual è il prodotto più importante di questo paese?
15. Qual è il clima di questo paese?
16. Qual è la religione più praticata in questo paese?
17. Qual è il maggior fiume di questo paese?
18. Qual è la moneta di questo paese?
19. Qual è la popolazione di questo paese?
20. Qual è la storia di questo paese?

